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Eligible Professional EHR Incentive Program (Org)

Please use this pdf version of the survey solely as a reference, DO NOT MAIL in your survey responses. Survey responses will only be accepted if submitted through the online survey tool, all other responses will not be included in the final survey results.

You have received this survey because you have been identified as a healthcare stakeholder with potential eligibility for participation in the Medicaid or Medicare Electronic Health Records (EHR) Incentive Program.

Eligibility for the EHR Incentive Program is detailed by the Centers for Medicare and Medicaid Services in the Electronic Health Record Incentive Program Proposed Rule. The EHR Incentive Program provides incentive payments to Eligible Professional that adopt, implement, or upgrade certified EHR technology and demonstrate meaningful use of the technology. We recognize the details of the proposed rule may change; however, we need to collect preliminary data that will be useful to the State for planning purposes.

The proposed rule is posted on the Federal Register, 42 CFR Parts 412, et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program Proposed Rule. http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf.

If you are unfamiliar with the rule or require additional information please visit http://dhs.wisconsin.gov/ehealth/EHRincentiveprogram/index.htm. If you would like to preview the survey to better understand the information being requested, a pdf version of the survey is provided as reference. Please use the pdf version of the survey solely as a reference, do not print and mail in your survey responses. Survey responses will only be accepted if submitted through the online survey tool, all other responses will not be included in the final survey results.

This survey is sponsored by the Wisconsin Department of Health Services (DHS) as part of the Wisconsin Medicaid Health Information Technology (HIT) Planning Project. Please answer the following questions to provide information on which providers in your organization are likely to participate in the EHR incentive program.

The survey supplements the information received previously by the Wisconsin State-Level Health Information Exchange (HIE) Planning and Design Project. Results of this survey will help the State plan for the administration and operations of the Medicaid EHR Incentive Program and health information exchange.

Once you have collected your organization's data, the survey should take approximately 10-15 minutes to complete. Please complete it on or before May 14, 2010.

All survey responses will be kept confidential; results will only be communicated in an aggregate or anonymous form. Your participation is voluntary. If you have any questions or would like to provide direct feedback, please contact: DHSEHRINCENTIVEPROGRAM@DHS.WI.GOV

This survey is intended for provider organizations with multiple health professionals. If you are an individual provider and have received this survey in error, please copy the URL below into your browser to take the individual health provider survey.

https://doa.wi.gov/DHSSurveys/TakeSurvey.aspx?SurveyID=p2MI4561

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Demographic Information

Please provide the following contact information for the person responsible for completing the survey.

1. Name*

2. Title

3. Telephone Number*

4. E-mail Address*

5. Name of Organization*

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Participation

6. Given your organization's understanding of the current version of the proposed rule, which EHR incentive program do the providers in your organization plan to particpate in? Check all that apply. *

    Please note that an individual provider may elect to participate in only one EHR incentive program – the Medicare EHR Incentive Program or the Medicaid EHR Incentive Program.

    It is possible some of your providers may partcipate in the Medicare EHR Incentive Program while others participate in the Medicaid EHR Incentive Program. Please consider this when responding to the question.

    ☐ Medicaid

    ☐ Medicare

    ☐ Neither

7. Please indicate how many providers in your organization plan to participate in the Medicaid or Medicare EHR Incentive Program or will not participate in either program? *

    Providers are determined to be eligible professionals individually, regardless of the standing of other professionals in your organization (i.e. some of your providers may be eligible while others are not).

    For the Medicaid EHR Incentive Program eligible professionals must have 30% patient volume from Medicaid patients (20% for pediatricians).

    Professionals who provide 90% or more of their services in a hospital-based setting are not eligible for the program. Please do not include hospital-based providers in your response to the question.

	Medicaid*	Medicare	Will not participate in either program
Number of Providers (i.e Eligible Professionals)			

*To determine patient volume select a 90-day period and use the total number of Medicaid encounters as the numerator and total number of patient encounters as the denominator (both from the same 90-day period) to determine the percentage.

In the case of professionals practicing predominately at FQHCs and RHCs, use needy individual encounters rather than Medicaid patient encounters. Needy individuals are those receiving medical assistance from Medicaid or the Children's Health Insurance Program, individuals furnished uncompensated care by the provider, or individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

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Non-Participation (Medicaid)

8. Why will the providers in your organization not participate in the Medicaid EHR Incentive Program? Check all that apply.*

   ☐ Plan to participate in the Medicare EHR incentive program

   ☐ Will not meet patient volume requirements

   ☐ Will not meet certified EHR technology requirements

   ☐ Will not meet Meaningful Use requirements

   ☐ Not enough known about Meaningful Use requirements

   ☐ Not interested in EHR

   ☐ Return-on-investment concerns

   ☐ Other, please specify

   [   ]

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Medicaid Participation Categories

9. If you previously indicated that some of your providers are planning to participate in the Medicaid EHR incentive program please answer the following question.

    How many of the providers that plan to participate are defined as one of the following classifications?*

	Medicaid Providers
Physician	
Dentist	
Nurse Practitioner	
Certified Nurse Midwives	
Physician Assistant practicing predominantly in a Federally Qualified Health Center or Rural Health Clinic directed by a physician assistant	

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Medicare Participation Categories

10. If you previously indicated that some of your providers are planning to participate in the Medicare EHR incentive program please answer the following question.

    How many of the providers that plan to participate are defined as one of the following classifications?*

	Medicare Providers
Doctor of Medicine or Osteopathy	
Doctor of Dental Surgery or Dental Medicine	
Doctor of Podiatric Medicine	
Doctor of Optometry	
Doctor of Chiropractor	

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Participation Start Year

11. What is the earliest year the providers in your organization plan to participate in the Medicaid or Medicare EHR Incentive Programs? *

    ☐ 2010

    ☐ 2011

    ☐ 2012

    ☐ 2013

    ☐ 2014

    ☐ 2015

    ☐ 2016

    ☐ No plan to participate

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EHR Information

DHS is asking questions about EHR technology regardless of participation in the Incentive Programs to capture data to assist with the State-level HIE Planning Project.

12. Do you currently use EHR technology in your practice? *

☐ Yes ☐ No

* EHR is defined by DHS as an electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.

If you previously indicated that you currently use EHR technology in your practice answer questions 13 through 18, otherwise skip to question 19.

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EHR Vendors

13. What EHR product vendor(s) is your organization using? Check all that apply.*

    ☐ Cerner Corporation (ex. PowerChart/PowerWorks)

    ☐ CPSI (ex. Medical Practice)

    ☐ eClinicalWorks(ex. eClinicalWorks Electonic Health Record)

    ☐ Eclipsys Corporation (ex. Sunrise)

    ☐ Epic Systems Corporation (ex. EpicCare)

    ☐ GE Healthcare (ex. Centricity)

    ☐ Marshfield Clinic (ex. CattailsMD)

    ☐ McKesson Corporation (ex. Horizon Ambulatory Care or Practice Partner)

    ☐ MEDITECH (ex. MAGIC)

    ☐ MedPlus (ex. Care360 Physician Portal)

    ☐ NextGen (ex. NextGen EHR)

    ☐ Quadramed Corporation (ex. Computerized Patient Record-CPR)

    ☐ Siemens Medical Solutions (ex. INVISION Clinicals)

    ☐ Other, please specify

    _____

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EHR Product Detail

14. What product and version is your organization using?*

15. Which of the following EHR components has your organization implemented? Check all that apply.

    ☐ Patient portal
    ☐ Clinical Decision Support (CDS)
    ☐ Computerized Physician Order Entry (CPOE)
    ☐ Reporting (e.g. Quality Performance Measurement)

16. Please provide any additional information on your organization's EHR, such as information on capabilities and functions.

17. Given your understanding of the proposed rule, do you believe this EHR product currently meets the ONC definition of a certified EHR.*

    ☐ Yes ☐ No

18. Does your organization plan to upgrade from the currently EHR product in use?*

    ☐ Yes ☐ No

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EHR Acquisition

19. Does your organization plan to acquire EHR technology?*

☐ Yes ☐ No

20. If yes, what year does your organization plan to acquire EHR technology?

☐ 2010
☐ 2011
☐ 2012
☐ 2013
☐ 2014
☐ 2015
☐ 2016

21. Would your organization need technical assistance to research or adopt EHR technology?

☐ Yes ☐ No

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Additional Information

22. Please provide any additional information that may be relevant to your organization's participation in the Medicaid or Medicare EHR Incentive Program.

23. The Department of Health Services will keep individual survey results confidential and will only use the data for its internal business purposes related to advancing the goals of the Wisconsin EHR incentive program and the Wisconsin Relay of Electronic Data for Health project. The Department of Health Services will use the data collected to assess the impact of the notice of proposed rules for Meaningful Use released by CMS and eligible professionals' readiness to participate in the incentive program. No survey data will be shared with commercial vendors.

    ☐ I authorize the Department of Health Services to share my organization's survey responses with DHS' partner organizations to facilitate the planning efforts of State and federally funded projects advancing the use of health information technology.

    ☐ I authorize the Department of Health Services to seek my permission to release my organization's survey responses under certain mutually agreeable circumstances.